

Verification Application Activity Tracker (For School Use)

Attach to each application selected for verification with a copy of all correspondence from household regarding verification and a copy of documents received from the household.

Name of Household _____

Number of Students _____

Preliminary Reviewer Signature

Date Pre-Review Completed

(A person other than the determining official must check the application pulled for verification to ensure that they were determined correctly before the verification process can proceed.)

Date Verification Notice Sent _____

Date Response Due _____

Method used for Second Contact (Required for non-responders) or (N/A)

Date

Original Approval was:

☐ Free Categorical Eligible Based on SNAP, TANF or FDPIR case number submitted on application and foster care students (*Not including* direct certification letters or SNAP report participants)

☐ Free Eligible Based on Income/Household Size Information

☐ Reduced-Price Eligible

Verification Results (Document the calculations and frequency of income or agency contact on this page):

☐ No Change

☐ Free Categorical Eligible Based on SNAP/TANF/FDPIR/Foster Care proof of participation by agency or county SNAP Report

☐ Free Eligible Based on Income/Household Size Information _____

☐ Reduced-Price Eligible Based on Income/Household Size Information _____

☐ Paid Eligible Based on Income/Household Size _____

☐ Paid Eligible Based on SNAP/TANF/FDPIR Agency Response _____

☐ Paid Eligible due to Household Not Responding

Date Notice of Verification Results Sent _____

Determining Official Signature

Date Verification Completed